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SEP 30 2004

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FAXED  
9-30-04

September 30, 2004

**GROUP: 1636****FAX NUMBER: 1-703-872-9306****ATTORNEY DOCKET NO.: ISPH-0569****SERIAL NO.: 09/853,409****FILED: May 11, 2001****CUSTOMER NO.: 32862****CONFIRMATION NO.: 7066****NUMBER OF PAGES: 15**

(including this sheet)

**MESSAGE:** Attached is a General Transmittal Letter (in duplicate);

Amendment Transmittal Letter (in duplicate);

Amendment in response to Office Action dated June 30, 2004;

Terminal Disclaimer; and

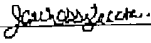
Authorization to charge deposit account \$110.00 for Terminal Disclaimer fee.

**URGENT! PLEASE DELIVER IMMEDIATELY UPON RECEIPT. THANK YOU!**

\* \* \* \* \*

If you have any questions, or did not receive the proper number of pages, or had trouble  
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<b>TRANSMITTAL LETTER</b> (General - Patent Pending)				Docket No. <b>ISPH-0569</b>	
In Re Application Of: <b>Anderson et al.</b>					
Application No. <b>09/853, 409</b>	Filing Date <b>May 11, 2001</b>	Examiner <b>David Guzo</b>	Customer No. <b>32862</b>	Group Art Unit <b>1636</b>	Confirmation No. <b>7066</b>
Title: <b>COMPOSITIONS AND METHODS FOR TREATMENT OF HEPATITIS C VIRUS ASSOCIATED DISEASES</b> <b>CENTRAL FAX CENTER</b> <div style="text-align: right; padding-right: 50px;">SEP 30 2004</div>					
<u>COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is:  Reply under 37 C.F.R. 111 Terminal Disclaimer and fee (\$110.00)					
in the above identified application.					
<div style="display: flex; flex-direction: column; gap: 5px;"><div><input type="checkbox"/> No additional fee is required.</div><div><input type="checkbox"/> A check in the amount of _____ is attached.</div><div><input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <b>50-1619</b> as described below.<div style="margin-left: 20px;"><input checked="" type="checkbox"/> Charge the amount of <b>\$110.00</b></div><div style="margin-left: 20px;"><input checked="" type="checkbox"/> Credit any overpayment.</div><div style="margin-left: 20px;"><input checked="" type="checkbox"/> Charge any additional fee required.</div></div><div><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</div></div> <div style="margin-top: 5px;"><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></div>					
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="margin-top: 5px;">Jane Massey Licata Reg. No. 32,257 Licata &amp; Tyrrell P.C. 66 E. Main Street Marlton, NJ 08053 Tel: 856-810-1515 Fax: 856-810-1454</div>			Dated: September 30, 2004		
cc:			<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] o. <div style="text-align: right;">(Date)</div></div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Signature of Person Mailing Correspondence</div> <div style="border: 1px solid black; padding: 5px;">Typed or Printed Name of Person Mailing Correspondence</div>		

P16A/REV03

SEP 30 2004

<b>TRANSMITTAL LETTER</b> (General - Patent Pending)	Docket No. ISPH-0569
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In Re Application Of: Anderson et al.

Application No. 09/853, 409	Filing Date May 11, 2001	Examiner David Guzo	Customer No. 32862	Group Art Unit 1636	Confirmation No. 7066
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Title: COMPOSITIONS AND METHODS FOR TREATMENT OF HEPATITIS C VIRUS-ASSOCIATED DISEASES

COMMISSIONER FOR PATENTS:

Transmitted herewith is:

Reply under 37 C.F.R. 111  
Terminal Disclaimer and fee (\$110.00)

in the above identified application.

- ☐ No additional fee is required.
- ☐ A check in the amount of \_\_\_\_\_ is attached.
- ☒ The Director is hereby authorized to charge and credit Deposit Account No. 50-1619 as described below.
- ☒ Charge the amount of \$110.00
- ☒ Credit any overpayment.
- ☒ Charge any additional fee required.
- ☐ Payment by credit card. Form PTO-2038 is attached.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

Dated: September 30, 2004

Jane Massey Licata  
Signature

Jane Massey Licata  
Reg. No. 32,257  
Licata & Tyrrell P.C.  
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Marlton, NJ 08053  
Tel: 856-810-1515  
Fax: 856-810-1454

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(Date)

Signature of Person Mailing Correspondence

Typed or Printed Name of Person Mailing Correspondence

cc:

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				Docket No. ISPH-0569	
Applicant(s): <b>Anderson et al.</b>					
Application No. 09/853,409	Filing Date May 11, 2001	Examiner David Guzo	Customer No. 32862	Group Art Unit 1636	Confirmation No. 7066
Invention: <b>COMPOSITIONS AND METHODS FOR TREATMENT OF HEPATITIS C VIRUS-ASSOCIATED DISEASES</b>					
<b>COMMISSIONER FOR PATENTS:</b> <div style="float: right; text-align: right;"> <b>RECEIVED</b>  <b>CENTRAL FAX CENTER</b>   <b>SEP 30 2004</b> </div>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	8	24	0 x	\$18.00	\$0.00
INDEP. CLAIMS	2	4	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<input type="checkbox"/> No additional fee is required for amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. <b>50-1619</b> in the amount of <b>\$110.00</b> <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <b>50-1619</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.					
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>					
_____ <i>Jane Massey Licata</i> Signature			Dated: <b>September 30, 2004</b>		
<b>Jane Massey Licata</b> <b>Reg. No. 32,257</b> <b>Licata &amp; Tyrrell P.C.</b> <b>66 E. Main Street</b> <b>Marlton, NJ 08053</b> <b>Tel: 856-810-1515</b> <b>Fax: 856-810-1454</b>			<div style="border: 1px solid black; padding: 5px;">           I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)]            on _____            (Date)         </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">           _____            Signature of Person Mailing Correspondence         </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">           _____            Typed or Printed Name of Person Mailing Correspondence         </div>		
CC:					

P11LARGE/REV08